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CONFIRMATION NO. 8550

SERIAL NUMBER 10/820,335	FILING OR 371(c) DATE 04/08/2004 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 01948/095002
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APPLICANTS
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**** CONTINUING DATA *******
OK
not This appln claims benefit of 60/461,160 04/08/2003

**** FOREIGN APPLICATIONS ******* *none*

not
IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 06/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged Examiner's Signature <i>Michael Schlegel</i> Initials <i>MS</i>	STATE OR COUNTRY MA	SHEETS DRAWING 24	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
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ADDRESS
21559

TITLE
Methods and compositions for treating and preventing autoimmune disorders

FILING FEE RECEIVED. 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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